N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Worcester Village or City Grow Voll (If death occurred in a horpital or institution, give its NAME instead of street and number)	6
Village or City Quon Mo. No. St. Wa	
	Nard
Length of residence In city or town where death occurred	ds.
2. FULL NAME Custel Slewart (idams)	
(a) Residence: No. St., Ward.	
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
OR DIVORCED write the word)	33
5a/If marriad, widowed, or divorced (Month) (Day) (Yaar)	(1)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attanded deceased fr	from
april 27 ,1932, to april 27 ,193	23.
6. DATE OF BIRTH (month, day, and year) March 7 /920 t last saw h	sald
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 7.P.m.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	onset
SAWYER, BOOKKEEPER, etc. W. KINDOL Fractures shull 4/2	7/
9. Industry or business in which work was done, as SILK MILL,	17/2
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dato deceased last worked at this occupation (month and this programation from the and the same this programation from the and the same transfer of the same t	
this occupation (month and spant in this occupation occupation	
Dither Coatributory Causes of Importance:	
(State or country)	1/3
wnat tast confirmed diagnosis?	
23. If death was due to external causes (VIULENCE) fill in also the following:	77
O 16. BIRTHPLACE (city or town) Howard Accident, suicide, or homicide? Land Date injury of the part of	رد
(Specify city or tow correlate)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOM" PUBLIC ACE.	
18. BURIAL, CREMATION, OR REMAYAL	£
proc & Control of Christ, 37, 1933	7.
Nature of injury Caracteristic acreases	<u></u>
19. UNDERTAKER Fleame T Menne () 24. Was disaase or injury in any way related to occupation of daceased? Not	
(Addrass) Snow fill ma If so, specify	
20. FILED 4/29, 1933 XELOY Swith (Signed)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting T.) S. No. 1416	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY PHYSICIAN
ADDITIONAL SPACE FOR FURTHER STATES.	TEM IS BI I HISICIAL

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worcesler.	Registration Dist. No. 352
Village or City West Ocean City.	No. St., Ward
Length of residence in city or town where deeth occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
01	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME LEGGE Wesley Ud	kees:
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced	
(or) WIFE of arab adkies.	22 The REBY SERT I PY That lettender desed from
6. DATE OF BIRTH (month, day, and year) July 16, 1864	I lest sew his said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
68 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and splated causes of importance
8 Trade profession or particular	Chronic V. Repareles Heal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businoss in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1901
SAW MILL, BANK, etc.	· Article Comments
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation occupation	
m. 1	Other Contributor Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Carried Waster To Carried
# 13. NAME Larrison allouis.	
13. NAME Harrison Colleges. 14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malinda Fruit.	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Malinda Sruith. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs. Les adleuis. (Address) West Ocean Cety Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place New Hope Cem. Date of wal 5, 1933	Neture of injury
19. UNDERTAKER J. W. Beisbage. (Address) Derling md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/3/33 19 I.S. Mumford	(Signed)
20. FILED 7. 32 33 , 19 2 55 Registrar.	(Address) Ocean City, Md.
If more blanks are needed address State Registrar	24. N. Charles Street Relained Paragram 72 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B .- WRIFF PLANKY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. pe AGE should be jo TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04329
1. PLACE OF DEATH	
County W orcester	Registration Dist. No. 332
Village or City / 3 eslin and	No. St., Ward
Length of residence in city or town where death occurred & Vyrs & mos 2. FULL NAME & harlotte & Bak (a) Residence: No. / Bakin Prof. (Usual place of abode)	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. A. A. B. C. B.	21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Life 29 1880	I last saw h alive on 19 19 3 death is said
7. AGE Yeers Months Deys If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	2000 01 011001
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	1000 no Chishen mea: contra
12. BIRTHPLACE (city or town) 7 Las Condinates (State or country)	Other Contributory Causes of Importance: UMULE SUMMITTEE PASSAGE
13. NAME 7 Larry & mach	
14. BIRTHPLACE (city or town) Md	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Robbens 16. BIRTHPLACE (city or town) Maggie Robbens (State or country) 17. INFORMANT Andrew Reserved (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOTAL	Manner of Injury
Place Of. Pacels Date Upv. 12, 1932	Neture of injury
19. UNDERTAKER J. W. J. Bushage	24. Was disease or injury In any way related to occupation of deceased?
20. FILED light 1933 IN Mountard	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V	, S-		
Other contributory causes of importance:	6 - Tay	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SDACE	FOD	PHUPTHER	STATEMENTS	RY	PHYSICIA	N
ADDITIONAL	SPAUE	FUK	FURTHER	STATEMENTS	DI	PHISICIA	TTA

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

1. PLACE OF DEATH	CERTIFICATE OF DEATH 04330
County Worcester	Registration Dist. No.
Village or City Pocomoke City (If	No. R.F.D. #1 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Thomas Ballard (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 28th., 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sarah Ballard 6. DATE OF BIRTH (month, day, and year) Nov. 9th. 1862	22. JUEREBY CERTIFY That I attanded decaased from 1975, to 1975, 1975, death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at . 1. OOPm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER, BOOKKEEPER, etc. Farmer	Other Cantributory Causes of importance:
13. NAME Benjamin F. Ballard 14. BIRTHPLACE (city or town) Boston (State or country) Mass.	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary J.Terryberry 16. BIRTHPLACE (city or town) Watkins (State or country) New York 17. INFORMANT Oren Ballard (Addrass) Pocomoke City. Maryland	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL CREMATION OF REMOVAL Place Stockton Id	Mannar of injury Natura of injury
19. UNOERTAKER (Address) FOCOMOKE City, Maryland, 20. FILEO Proceedings of the Registrar.	24. Was disease or injury In any way ralated to occupation of deceased? If so, spacify (Signad) (Address) All. D. (Address) 24.11 N. Charles Street, Balsimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	d dependent	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Taran Va	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 MAY 9 1933	July 5,1927	Peritonitis	3 days ago
	TO TO TO V.		*	
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADĎITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
THE TAXABLE TO TAXABLE	OI ZECIA	TOIL	T. O TO Y ITTIES	O A A A A A A A A A A A A A A A A A A A	10 1	T TI T DI CILIII

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (14332
1. PLACE OF DEATH	(%)
County Wareister	Registration Dist. No.332
Village or City Bellin Ind	NoSt Ward
Length of residence In city or town where death occ@red 27_yrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME hallis Xmith 13.	thiske
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH (Month) (Day) (Year)
+ Sá. If married, widowed, or divorced HUSBAND of Cor) WIFE of Edward Britting ham	22. I HEREBY CERTIFY, That I attended deceased from , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs	I THE FRINCIPAL CAUSE OF ORALL and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of one et 1932 - 33
kind of work doma, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was doma, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and	Signaid
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importanca: Chu. Sut Muffixius
13. NAME William Struach 14. BIRTHPLACE (city or town) Mary Land (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15: MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Mis. anil Parties	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Lacy See Data apple 4, 19.3	Manner of Injury
19. UNDERTAKER A Bourbage (Address) Bullin (Md.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify
20. FILED. Color of 1933 IV Marin fore Color Registrar. If more blanks are needed, address State Registrar.	(Signed) M. O. (Address) Solid M. O. (Address) Solid M. O. (Address) Solid M. O. (Address) Solid M. O. (Address) M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	!!	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 3 193				
Other contributory causes of importance:	LS.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4		 	

MARGIN RESERVED FOR BINDING

V. S. No. 1

The.

1. PLACE OF DEATH County worcesh	2	(159)	Registration Dist.	No 35	1
Village or City Anow	lile gut	No. death occurred in a horpital or institution,		St.,	Ward
Length of residence in city or town where d					
2. FULL NAME From	2. In Dale				
(a) Residence: Np.	(Usual place of abode)	St., Ward.	If nonresident give ci	ly or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CER	TIFICATE OF	DEATH	
2. SEX 4. COLOR OR RACE 21. Ool.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4/2 Month)	6 (Day)	, 193 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	8	22. I HEREBY C			deceased from
	124/1934	I last saw h alive on	, to		, 19
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than I day,	to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH et	nove, at /A	m.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years) spant in this	Premalere Weakline Que of two	berts q. so.	oyo	Date of onesat
12. BIRTHPLACE (city or town) Survey (State or country)	occupation This MA	Dther Coatribatory Caases of importan	nce:		
13. NAME G30792.97	· vale.			***********	
13. NAME 930792. The second of	Snowfell mid	Name of operation			
15. MAIDEN NAME Irene 16. BIRTHPLACE (city or town) Incompany (State or country) 17. INFORMANT	Tromen withel grid	23. If death was due to external causes Accident, suicide, or homicide?	(VIOLENCE) fill in al	so the following	:, 19
(Address) Strowt) 18. BURIAL, CREMATION, OR REMOVAL Place M.T. Wesley	Date 4/26, 1933	Manner of injury			
19. UNDERTAKER (Address) Secondel	evry Dale	24. Was disease or injury in any way rules of the second o	related to occupation o	of deceased?	00
20. FILED 4/26 1933 &	Ekoy Serieth	(Signed) ZE	brokil	er x	id

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who lad no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, maelinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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N. B.—WRITE PLAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-See instructions on back of certificate. TION is very important.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (143)4
1. PLACE OF DEATH	(8)
County worrester	Registration Dist. No.
Village or City near Snow Hiel and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredOyrs,Qmos	Ods. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boly Dole	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Dingle	21. DATE OF DEATH (Month) (Month) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4/24/33	
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
0 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	no Doclor.
SAWYER, BDDKKEEPER, etc	Dead born so says
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at II. Total time (years)	mid wife.
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Near Snow Hell md (State or country)	
13. NAME Henry Dale	
14. BIRTHPLACE (city or lown) Near Snow Hill md	Name of operation
(State or country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Oring Floreman	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) near brow Hill ma	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT While Wall (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Core Date 4/24 1933	Manner of Injury
19. UNDERTAKER Herry Sale	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 424, 1933 RECoy Select Registrar.	(Signed) RELOY Scill X. Roy D. (Address) Science Hell, Ned
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH of infor-OCCUPA 1. PLACE OF DEATI plnods County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 15 ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. PHYSICIANS Every RECORD. (a) Residence: No (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CT 5a. If marriad, widowed, or divorced BINDIN HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6 certificate. 6. DATE OF BIRTH (month, day, and year) if LESS than 7. AGE Years Months Days FOR stated I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trade, profassion, or particular THIS OCCUPATION RESERVED kind of work dona, as SPINNER, Jo SAWYER, BDDKKEEPER, etc back may 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, atc 1D. Date daceased last worked et on 11. Total time (years) this occupation (month end spent in this that occupation ____ instructions NFADING Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town Neme of operation _____ plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city of (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods OF 18. BURIAL, CREMATION, DR REMO Manner of injury WRITE 2 CAUSE mation LION Nature of Injury 24. Was disaase or injury in any way ralated to occupation of deceased 19. UNDERTAKER S. No. (Address) If so, spacify B. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH GCCUPA. 1. PLACE OF DEATH should Registration Dist. No. Village or City No. ____St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? vrs. mos. ds. statement SICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of properly Months 7. AGE Days If LESS than to have occurred on the date stated above, at 8 1 day, _____ hrs. and related causes of Importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, etc._ 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.... may back 10. Date deceased last worked at 11. Total time (years) occupation 304 this occupation (month and that instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?. Was there an autopsy?_____ MOTHER important. 23. If death was due to external causes (VIOLENCE) fill In also the following: ii. OR DEATH Accident, suicide, or homicide?___ 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. verv (Address) 18. BURIAL, CREMATION, OR Manner of Injury WRITE CAUSE mation Nature of injury. TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILED LT-Registrar. (Address)

BINDIA

FOR

RESERVED

MARGIN

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	3 1934	July 5,1927	Peritonitis	3 days ago	
1111	FAU				
Other contributory causes of imp	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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BINDIA

RESERVED

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MARGIN RESERVED

STATE OF	MARYL	AND-CERTIFICATE	OF DEATH
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04338

1. PLACE OF DEATH	(23)
County Wordson Constant Company of The Constant	Registration Dist. No. 35/
7	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s. ds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Omona Suoce of the	mey
(a) Residence: No. Martin St	Sy, Warel.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (certice the word) Single Single	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year March) 15 1915	1 last saw h alive on 3/19/3 3 19 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2/ / D 1 day. hrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNES event bruste James	Mis Immary Suberculas Do
9. Industry or business in which	9 193
kind of work done, as SPINNET SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occuration (month bed)	1.10
10. Dato deceased last worked at this occupation (month and year) spent in this occupation (month and year)	
12. BIRTHPLACE (city or town) Warbley Vinginia	Other Contributory Causes of importance:
(Stete or country)	Mumpolian
13. NAME CENTRELLY Commely	
13. NAME (indrew tornely) 14. BIRTHPLACE (city or town) tarbaley Virginia (State or country)	Name of operation Date of Date of What test confirmed diagnosis Dr. Clin Was there an autopsyl
15. MAIDEN NAME Deary Callyns	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Deary Callyns 16. BIRTHPLACE (city or town) Cacomobe Mg (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cland Sill mg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Grow Helf My Date gral 1, 1933.	Naturo of injury
19. UNDERTAKER Milliam & Williams (Address) Sworkele 2nd	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 4/16, 1933 LERoy Swith	(Signed) M. (Address) M.
	2411 N, Charles Street, Baltimore, Requesting V, S. No. 1.

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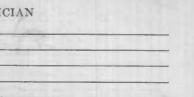
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	ITS B	BY PI	HYSICIAN
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MONT 3 1983			
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Gallstones	May 1,1923	Gastroenterilis	1 year

item of inforshould state Exact statement properly classified. FOR BINDIN certificate. stated MARGIN RESERVED should be of See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLA TION is very

Village or City	1. PLACE	OF DEATH			3	400
Village Dr City Length of rasidence In city or town where dash occurrad. Vis. med. 4. Now long in U.S. if of foraign birth? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARKE 6. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 7.	County	Worces	lu		Registration Dist. No.	30
Langth of rasidence to city or town where dasth occurred yets	Village	Dr City Para	work.	Cela-	WITHIN CORPORATA AIMITS	Ward
2. FULL NAME (a) Residence: No. Decourable of Bode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARKIED, WIDOWED, OR DIVORCED (with the Word) OR DIVORCED (with the Word) Sa. If married, widowed, or divorced (17) Will of (17) Will o					death occurred in a hospital or institution, give its NAME instead of street and nu	imber)
(a) Residence: No. Security of town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) So. If married, widowed, or divorced (cry) WiFe of CO. DATE OF BIRTH (month, day, and yeer) Co. DATE OF DEATH Co. DAT	Length of	f rasidence in city or town where	daath occurrad	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL	NAME		older		
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1. SEX	PEDS	ONAL AND STATIST				late
Sa. If married, widowed, or divorced (Part of the word) 19. ACE Value Months Days If LESS than 1 day, and yeer) 22. I HEREBY CERT IF Y, That I attanded deceased from 19. In the second of the secon			A			
55. If married, widowed, or divorced HUSBAND or Corp. Wife of Oro; Wif	1 1	2 10.1			april 14	193 3
1 HEREBÝ CERTIFY, That I attended decessed from for write of cor w	5a. If married, w	vidowed or divorcad	Su	ya	(Month) (Day)	(Yeer)
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. of min. 1 the PRINCIPAL CAUSE OF DEATH and related causes of importance were est follows: Date of one as SPINNER, SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 1 industry or business in which SAWMILL, BANK, etc. 2 industry or business in which SAWMILL, BANK, etc. 3 industry or business in which SAWMILL, BANK, etc. 3 industry or business in which SAWMILL, BANK, etc. 3 industry or business in which SAWMILL, BANK, etc. 3 industry or business in which SAWMILL, BANK, etc. 4 industry 1 industry or business in which SAWMILL, BANK, etc. 4 industry 1 industry or business in which SAWMILL, BANK, etc. 4 industry 1 industry or business in which SAWMILL, BANK, etc. 4 industry 1 industry or business in which SAWMILL, BANK, etc. 4 industry 1 industry or business in which SAWMILL, BANK, etc. 5 industry 1 industry 2 industry 3 industry 4 industry 5 in	HUSBAND	of			22. I HEREBY CERTIFY, That I attanded de	eceased from
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Trade, profassion, or particular kind of work dome, as SPINNER, SPANYER, BOANKEPER, etc. SPANYER, BOANKEPER, etc. Jo. Date deceased last worked at this occupation (month and years) spent in this occupation (month and years) State or country) BIRTHPLACE (city or town) State or country) What test confirmed diagnosis? What test confirmed diagno	6. DATE OF BIR	RTH (month, day, and yeer)	yerel 16	7-1933	I last saw h, 19;	death is seid
Trade, profession, or particular kind of work done as SPINNER, SAWYER, etc. 9. Industry or business in which work was done, as SILK MILL, 10. Date deceased last worked at worked at spent in this occupation in security of the second spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, GRANATION, DR REMDVAL (Address) 19. UNDERTAKER POCOMOKE CITY 19. UNDERTAKER POCOMOKE CITY 19. Signad) (Signad) (Signad) (Signad) (Address) M. D. Date of onest were as follows: Date of lolows: Date of onest were as follows: Date of	7. AGE	Yaars Months /	Days			
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17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMDVAL Place Date Hall Burial Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) 16 so, specify (Signad) Registrar. (Address) Manner of injury Nature of Injury (Signad) Manner of injury Nature of Injury (Address)	∑ (Stat	ta or country)				
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Place Pocomoke CTY 19. UNDERTAKER POCOMOKE CITY 20. FILED April 14, 1933 from 7 Registrar. Nature of Injury 24. Was disease or Injury In any way related to occupation of dacaesed? W. (Signad) (Signad) April 14, 1933 from 7 Registrar. (Address) Communication of Macaesed? M. D. (Address) formula City M. D.		·	- W	00 0		
19. UNDERTAKER BOLLAND	18. BURIAL, CREMATION, DR REMOVAL		Manner of injury			
(Address) POCOMOKE CITY 20. FILED April 14, 19-33 foline 7 Registrar. (Address) / Oceanic fee City (Address) / Oceanic fee City (Address)	Place	12 01 1	Date.		Nature of Injury	
20. FILED april 14, 1933 John T. Registrar. (Signad) Abb and w. M. D. Registrar. (Address) Joseph Leli Med.			150		24. Was disease or injury in any way related to occupation of dacaesed?	w
Registrar. (Address) formule lily md	(Address	DCOMOKE	CITY	PI	9 1 1 2 2	
	20. FILED	rel 14, 1933 fr	me /	Mey		M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		U				1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1441)
1. PLACE OF DEATH	48)
County Worceslee.	Registration Dist. No. 352
Village or City Berlin	No. St. Ward
(If Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sabra Libb Hos	uston.
(a) Residence: No. Serlin, Ind. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) W. Color Or RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Reacces House In.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 27 1876	I last saw the alive on Off 2/ 1933 death is said
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 10.4 m.
56 3 24. Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one et / 432
SAWYER, BOOKKEEPER, etc.	Ω
9. Industry or business in which work was done, as SILK MILL, Danie SAW MILL, BANK, etc.	larcenous 1/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and /93 a spent in this occupation) 11. Total time (fears) spent in this occupation 3 o yuso	actions
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Vryuu (State or country)	000 12011
E 13. NAME a Thomason B Gish	els. Jan Megnins
13. NAME Thomas B. Gibb 14. BIRTHPLACE (city or town) Jay	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Idewietla Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Aderrietta Williams 16. BIRTHPLACE (city or town). Va.	Accident, suicide, or homicide? Date of Injury19
State or country)	Where did injury occur?
17. INFORMANT Mrs. Horace Quille. (Address) Berline	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & tocklon Md Date 4-25, 1933.	Nature of injury.
19. UNDERTAKER J. W. Burbage. (Address) A. W. Burbage.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. apr 21, 1933 & V Miensford	(Signed) Las. Las. M. D. (Address) Bealing Med.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. IS WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY, V. 8. Nd B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County wor cester	Registration Dist. No. 353
Village or City Burby	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?
2. FULL NAME Charley Hudson	
(a) Residence: No.	St., Ward.
*(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (rupite tha word)	21. DATE OF DEATH Afric (Month) (Day) (Yaer)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY. That I ettended decaased from Afric 7 1933 to Afric 8 1933
6. DATE OF BIRTH (month, day, end year) Oct. 26-1901	I last saw have allve on Afric 7 1933 death is said
7. AGE Years Months Deys IT LESS than	to have occurred on the deta stated above, at
31 5 /3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER, Farming SAWYER, BOOKKEEPER, atc.	Justralow
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) but this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME Ofarles H. Hudson	
13. NAME Oparles H. Hudson 14. BIRTHPLACE (city or town)	Name of operation Date of
(Steta or country)	What test confirmed diagnosis?
15. MAIOEN NAME Zura Devis	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
State er country)	Accident, suicide, or homicide?
17. INFORMANT Lina Hudson (Address) Bishops ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury
Place June M. E. Chung Date april 10, 19 83	Nature of injury
19. UNDERTAKER M. Casha Watsons (Address) I brustile Della	24. Was disease or Injury in any wey releted to occupation of daceasad?
20. FILED PA. 10, 19 3 & James L. Ryan Resistrar	(Signed) Bishofnile mpl
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples.

Example I	And the state of t	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	I week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Challstones	May 1,1923	Gash enteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2061	
18	
E 6 1 1 3 3	

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

V. S. No. 1

1		S	TATE O	F MA	RYLAND-	CERTIFICATE OF DEATH 04	403
:	1. PLACE OF	DEAT	ГН			92-0	
	County	Word	ester			Registration Dist. No.	9
	Village or Ci	tyS	tockton			No. St., f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
						s	
	2. FULL NAM	AE E	liza W.	Jones			
	(a) Residence	e: No	Sto	ckton (Usualpl	ace of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	ALAN	D STATISTI	CAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
_	sex emale		r or race	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH April 29th. (Month) (Dev)	, 193 3 (Year)
5a	. If merried, widows HUSBAND of	d, or divo	rced				1997
	(or) WIFE of	JUli	us P.Jo	nes		22. I HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH (month, day	, and year) NOV	.18th	.1853.	I last saw h alive on, 19,	
-	AGE Yeer		Months	Days	If LESS than	to have occurred on the date stated above, et 12.a.3.0 Am.	
	79)	5	11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were estollows:	Date of onset
N	8. Trade, profess			Hong	owi fo	1-0-0	
4TE	SAWYER,	BOOKKEE	PER, etc	nous	8M116	Valouley Dessessa	
UP	work was SAW MILI	done, as S	tc			of Heart	
OCCUPATION	10. Date decease this occup year)	d last wor ation (mor	ked at 4-28	11. Tot	al time (years) spent in this occupation	del before and get	a
12	BIRTHPLACE (city			ter Co		Other Contributory Causes of importance:	
2			l H.Pay				
FATHER			wn) Worce				
FA	(State or			Marvla		Name of operetion Date of What test confirmed diegnosis? Was there an a	
ER	15. MAIDEN NAM	ME .	Annie J			23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or to	wn) Norce	ster C	ounty	Accident, suicide, or homicide? Date of injury	, 19
Σ	(Stete or			Maryl	and.	Where did injury occur?(Specify city or town, county and State	
17	(Address)		les Jon ckton, M		id.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	ICE.
18	Wie thodis	en, or e	metary n.Md.	Pate Ma.	7 lst.,19.33	Menner of Injury	
19	. UNDERTAKER	em	ke City	Ster	uson	24. Was disease or injury in any way related to occupation of deceased?	110
-	(Address)		2-1	, III		Law hreel	-des

If most blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrat.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
County Worcester	Registration Dist. No. 332
Village or City Berlin Md. R.D. 2	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME demul. R. H. Me	lvie
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 26 (Wonth) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Lizzee Melvin	1932 19 10 april 26 1983
B. DATE OF BIRTH (month, day, and year) Sent. 8 185	2 flast saw h 200 alive on afre 2 4 19 20; death is sai
AGE Years Months Days If LESS than	
80 7 19 1 day,	THE EXINCITAL CAUSE OF DEATH and related causes of importance
A Trade profession or particular	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Garrier SAWYER, BOOKKEEPER, etc.	Chronic Interested kephines 190
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occurring moments and	
fhis occupation (month and 1932 spant in this to occupation the	el-
a BIRTHRI & CE (situas farms)	Ofher Contributory Causes of Importanca:
2. BIRTHPLACE (city or town) Claware (State or country) Claware	
13. NAME Cake MElvin	
13. NAME (John Melvis 14. BIRTHPLACE (city or fown) (State of Control of Con	Name of operation Dafe of
(State or country) &) Elaware	What test confirmed diagnosis? University Was there an autopsy?
15. MAIDEN NAME Mortha & Jimno	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mortha J. Junino 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of Injury, 19
(State or country) Unknown	Where did injury occur?
(7. INFORMANT Mattie J. DEMNIS (Address) Bellet md. R.D. 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Serlin mg. 6 very paje freix 2 8, 19.3	Nature of Injury
19. UNDERTAKER M. Pasha watson	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED. afrifax, 1933 IV Meeniford Registrar.	(Signed) C. 9. Holland M.
If more blanks are needed, haddress State Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREMU-Y-4			
	year d		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B.-WRITE PLA

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
 DF 4 F41				

1144115

1. PLACE OF DEATH	(31)
County Worlester	Registration Dist. No. 332
Village or City Bulin and	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Charles 71. Pi	ehardson.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIXORCED (remie the word) Thankeld The married, widowed-or divorced	21. DATE OF DEATH Solution (Day) (Year)
HUSBAND of Margaret a. Richardson	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) (149, 31, 1868	I last saw h aliva on, 19, 19, death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 10.30m.
64 7 3 1 day,hrs.	that as follows or DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occupation (morth and	
10. Date daceasad last worked at this occupation (month and 1933 II. Total time (years) spent in this year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 14. Total time (years) 15. Total	
12. BIRTHPLACE (city or town) Md	Other Contributory Causes of importance:
(Stata or country) 13. NAME / Heavise Richardson	Egn. Methrun
13. NAME Jeage Vielhardson 14. BIR (HPJACE (city of town) Md	Name of operation Data of
(Glate of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Rasil Jurner)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Md	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes. C. H. Keihaldson	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Tuly selv Date apr 9, 1933	Natura of injury.
19. UNDERTAKER J. W. Burbage	24. Was disaasa or injury In any way ralatad to occupation of dacaasad?
20. FILED Will 8193 IV Mumbrel	(Signed) (Si
Registrar.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

-3

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			Example II		
The principal cause of death a of importance were as follows: Arteriosclerosis	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	REAV O TODO	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	TRAT				
Other contributory causes of i	mportance:	V 1400	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		77			

19. UNDERTAKER (Address)

BINDIN

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of Injury

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of dacaasad?

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Example I	1	Example II		
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. PHYSICIANS be properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. PACINLY, WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.-WRITE V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1400
1. PLACE OF DEATH	92-0	177
County Worester	Registration Dist. No. 3 5	5
Village or City 13 ulin 900	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence In city or town where death occurredyrsmos.		s ds.
2. FULL NAME Doward When	Sharpley	
(a) Residence: ND. / Bulin Grad, (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGUE, MARRIED, WIDOWED, OR BIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced	(Month) (Day)	(real)
HUSBAND of (or) WIFE of	HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Och. 12, 1894	66 1/12	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,	
38 7 2 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Note also at
8. Trade, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cullicarditis	o pens
9. Industry or business in which work was done, as SILK MILL,		<u> </u>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 49 3 3 4 11. Total time (years) spent in this		
O 10. Date deceased last worked at this occupation (month and 1932) 11. Total time (years) spent in this syear) occupation		
12. BIRTHPLACE (city or town) md.	Other Contributor Causes of importance:	
(State er country)	in thood strain	
13. NAME Wheth Thomas Shaifles 14. BIRTHPLACE (city or town) Md.	<u></u>	
14. BIRTHPLACE (city or town) md.	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Curie Callahau. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State	-1
17. INFORMANT Mus Clinia Sharpley (Address) Berlin Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Bulling have Date Apr. 16, 1933	Nature of injury	
19. UNDERTAKER J. W. Burbage	24. Was disease or injury in any way related to occupation of doceased?	10
(Address) Berlin Fid.	If so, specify	
20. FILED 4-15-, 1933 Trelen F. Nayward	(Signed) Kally Low	M.D.
₩ Kegisirar.	(nuulcoo)	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTLY. be properly classified. FOR BINDIN See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. -WRITE PLA V. S. No. 1 B

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1. PLACE OF DEATH	04408
County Warester	Registration Dist. No. 357
Village or City whitou: And	NoSt., Ward
Length of residence In city or town where death occurred vrs mas	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Samuel Edward Sh	and le
(a) Residence: No.	St. Ward.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write be word)	21. DATE OF DEATH
married	(Month) (Day) (Year)
5e. If merried, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
reorgia 1.1. strong.	august 193/ 10 Date of Death.
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1861	I last law h AM alive on 4 7 (1933; death is seld
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at A - A - M - M - M - M - M - M - M - M -
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artini ashlussus
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Cerebral Hemerhage 4-4-33
SAW MILL, BANK, etc	
this occupation (month and April 1433 spent in this occupation 257	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME William Lemos Shockley 14. BIRTHPLACE (city or town) 14. DIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Clinical Was there an eutopsy? M
16. BIRTHPLACE (city or town) Md	23. If death wes due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) MA	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IVAS. Marvel Lugs (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mr. Zur Cen. Date Spril 6, 1933	* Nature of injury
19. UNDERTAKER J. W. Burban. (Addiess) Berling M.	24. Was disease or injury in any way releted to occupation of deceased? [720]
20, FILED 4/69, 1933 PERoy Swith	(Signed Hank Lewis M.D. (Address) Willands Ind
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Personal	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

very item of infor-	ANS should state	nent of OCCUPA-	
ENT RECORD. E	TLY. PHYSICI	ed. Exact staten	
S IS A PERMAN	stated EXAC	properly classifi	certificate.
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSR OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Wortesfur 1/4	Registration Dist. No. 33/
Village or City Mear Duon All	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) O ds. How long in U.S. If of foraign birth?
2. FULL NAME Baly, Shockly	
(a) Residence: No. Sum Affill RR X2	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writingthe word) Jerual Will OR Divorced (writingthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afor 2 133	I fast saw h 27 alive on 19 ; death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the data stated abova, atm.
O C I day - hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca wara as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	1 P - 1
SAWYER, BOOKKEEPER, etc.	Vrimaluro CUM
work was done, as SILK MILL, SAW MILL, BANK, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Auro All (State or country)	Other Contributory Causes of Importance:
13. NAME Duther Shockly	
13. NAME DIME PROCEEDY 14. BIRTHPLACE (city or town) During Tuly (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Dalislury	23. If death was dua to axtarnal causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicida?
27. INFORMANT Author Hockly (Address)	Whare did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Mt Duys Date after 2, 1933	Manner of injury
19. UNDERTAKER Listur Sholly (Addrass) Survivitud nest	24. Was disease or injury in any way related to occupation of daceased?
20. FILED 4/2 , 1933 RE Roy Swith.	(Signad) Attu A. July M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No.

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(State or country)

(Address Ocomoke

20. FILED

1. PLACE O		OF MARYLAND—	CERTIFICATE OF D	EATH - 04410
County	Worcester		Degistre	etion Dist. No. 3074
	cityStockton			
Alliage of 6	CITAD POCK POTT	(1)	No. death occurred in a hospital or institution, give its N	AME instead of street and number)
Length of res	sidence in city or town where	e deeth occurredyrsmos	ds. How long in U.S. if of foralgn birtl	1?ds.
2. FULL NA	ME Ernest S	tockton Sturgis		
	nce: No.			ident give city or town and State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICA	
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	2nd. 193 3 (Year)
7. AGE Yes	61 8	gust 2nd.1871. Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERT 1933, to 1 last saw harm alive on Opens to have occurred on the date stated above, at 4 The PRINCIPAL CAUSE OF DEATH end related were as follows:	.45P m
S. Frede, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, atc Farmer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and 3-1933 occupation Life occupation Life).				ia leday
2. BtRTHPLACE (ci	ity or town) Stoc	kton ryland.	Other Contributory Causes of Importance:	
13. NAME Wi	Illiam H.St	irgis		
14. BIRTHPLACE		ester County	Name of operation	Data of
15. MAIDEN NA	ME Jeanette		23. If death was due to external causes (VIOLEN(
15. MAIDEN NAME Jeanette Pilchard 16. BIRTHPLACE (city or town) Worcester County (State or country)			Accident, suicide, or homicide?	

Whare did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was diseesa or Injury in any way related to occupation of deceased?

If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SEAUE	run	LOKTITE	DIAILMIN ID	101	THEOLOGIAL

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	· Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
, o e	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Date of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH				-0
	Worceste			Registration Dist. No.	
Village or C	city Pocomoke	City. F	R. F. D.#	NoSt.,	Ward
Length of resi	Idence in city or town where	daath occurred		f death occurred in a hospital or institution, give its NAME instead of street and nut. ds. How long in U.S. if of foreign birth?	
2. FULL NA	ME Thelma	Tavlor			
	ce: No.			St., Ward.	
		(Usual plac	ce of abode)	If nonresident give city or town and S	tale
	IAL AND STATIST	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
Female	Colored		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH April (Month) (Day)	193 ³
5a. If married, widow HUSBAND of	ed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY. That I attended de	
C DATE OF BIRTH	(month, day, and year)	at oh an	13 1932	Libet saw h	
7. AGE Yaa		Days	If LESS than	I last saw h	uaatn is sai
	7	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8) Trade, profas	ssion, or particular		ormin.	wore se followe:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at 11. Total time (years)				saw this child April 15.1933.	
Industry or	businass in which s dona, as SiLK MILL,		THE	probably intestinal causes	
SAW MIL	L, BANK, etc			No Physician in attendence	
- 1 Spaint ill fills			l tima (years) pant in this paupation	No inquest. Natural causes	
year)				Other Contributory Causes of importanca:	
2. BIRTHPLACE (cit	() OI LOWII)	nac Cour	.10 y		
1	0	1114		-	
	ohn Taylor	mna Co	ants.		
14. BIRTHPLACE	(city or town) ACCC	ginia	all by	Name of operation Data of	
	ME Ruth Clay	-		What test confirmed diagnosis?	opsy?_I1O
	(city or town) ACCC		ntv	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?	10
(State or	country) Virg	rinia		Where did injury occur?	, 19
17. INFORMANT John Taylor (Address) Pocomoke City. R. F. D. #				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E
			D.#	The state of the s	-
18. BURIAL, CREMATION, OR REMOVAL Halls Hill Cemetary				Manner of injury	
Poctmoke	-City.Md.	Date Apri	11 23.,1933.	Nature of injury	
19. UNDERTAKER Ballard Bros				24. Was disaase or injury in any way ralated to occupation of deceased?	
(Address)	Pocomoke C	ty.Mar	yland.	If so, specify	
O. FILED	122,000	ohn 7	Rely	(Signad) Regist:	rar M.
,			Registrar.	(Addrass)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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DEAU V.E			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County - W Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS 7. ds. How long in U.S. i1 ot lorelgn birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred. mos. statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) (Month) (Oay) (Year) classified. 5a. It married, widowed, or divorced HUSBANO of BINDIN 22. ERTIFX That I attended deceased from 国 6. DATE OF BIRTH (month, day, and year) properly Months 7. AGE Years **Oays** It LESS than 1 day,hrs. or____min. Oateotonset 8. Trede, protession, or particular 3 kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... RESERVED JO plnods may back Industry or business in which OCCUPA work was done, es SILK MILL, SAW MILL, BANK, etc 1Q. Date deceased last worked et 11. Total time (years) this occupation (month as that occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied plain terms, FATHER 13. NAME 14, BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diegnosis MOTHER 15. MAIOEN NAME important in 23. It death was due to external couses (VIOLENCE) fill in also the following OF DEATH Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) hould Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. thformant (Address) 18. BURIAL CREMATION, OR Manner of Injury CAUSE mation LION Nature of injury. 24. Was disease or injury in any 19. UNOERTAKER (Address) ll so, specity 8 (Signed) Registrar. (Addres

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. B.—WRITE PL.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(18)
County Marchester	Registration Dist. No. 353
Village or City Teauntry	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME William JC Wi	lliams
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Williams	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) (1404 17 - 1868	last saw hating alive on agrice 6 7 ,19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at # -30Pm.
(0 4) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Poutly man	Chimic arenchassators Dephritis
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	(0) 2110
0	() Dright & source
O 10. Date deceased last worked at this occupation (month and year) occupation occupation	J
•	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
I Comment of the continue of t	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
- Alana ala	What test confirmed diagnosis? Was there an autopsy? //-O
H. Carrier Schlinger	23. If death was due to external causes (VIDL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Bessie Williams (Address) Lelburgello has	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Red Mere Iru Date Upr 7, 1933	Nature of Injury
19. UNDERTAKER Won Howard Wells (Address)	24. Was disease or Injury In any way related to occupation of decaasad?
on Fusion Planto and and	(Signed) MD
20. FILED Registrar.	(Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of chilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year